

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <i>1091743052</i>	FILING DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/		/		61	
2		/		/		62	
3		/		/		63	
4		/		/		64	
5		/		/		65	
6		/		/		66	
7		/		/		67	
8		/		/		68	
9		/		/		69	
10		/		/		70	
11						71	
12						72	
13						73	
14						74	
15						75	
16						76	
17						77	
18						78	
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25						85	
26						86	
27						87	
28						88	
29						89	
30						90	
31						91	
32						92	
33						93	
34						94	
35						95	
36						96	
37						97	
38						98	
39						99	
40						100	
TOTAL	2	2	2	2		TOTAL IND.	
TOTAL DEP.	8	8	8	8		TOTAL DEP.	
TOTAL CLAIMS	10	10	10	10		TOTAL CLAIMS	

10300 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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